

INSTRUCTIONS TO APPLICANT

NOTE: There may be additional forms listed under this Application Appendix that you do not need to complete. Complete only the forms referenced in “Part III – Checklist and Required Sequence” of the RFP you are applying for.

The forms have been created to be “user friendly.” To enter data, note the following:

- **Tables:** Place the cursor at the beginning of the line and type data. Enter as much as text as you desire. The lines will not shift. Use the arrows on your keyboard to move to the next field.
- **Shaded Text:** The shaded text describes the information you need to enter. Place cursor at the first character of the shaded text, double click and type data.
- **Boxes:** To place an “X” in the box, double click on the box and click on “Checked” located in the center of the menu screen under “Default Value.”

Please do not include this page when submitting the forms.

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION**

**TYPE NAME OF RFP IN CAPS RFP
FISCAL YEAR
COMPETITIVE REQUEST FOR PROPOSAL**

PART III – FORMS

PROPOSAL CHECKLIST AND REQUIRED SEQUENCE

This checklist is provided to assist the applicant in ensuring that a complete proposal is submitted to OES. Failure to include any of the following elements may result in disqualification of the proposal.

- ☐ PROPOSAL COVER SHEET
- ☐ GRANT AWARD FACE SHEET, signed by the official authorized to enter into Grant Award Agreement.
- ☐ PREFERENCE POINTS CERTIFICATION FORM signed by the designated Enterprise Zone Contact.
- ☐ PROJECT NARRATIVE
 - Problem Statement
 - Plan and Implementation
- ☐ PROJECT BUDGET
 - Budget Narrative
 - Budget OES A303a, A303b, A303c
- ☐ PROPOSAL APPENDIX
 - Operational Agreements
 - Certification of Assurance of Compliance
 - Project Service Area Information
 - Project Contact Information
 - Project Summary
 - Other Funding Sources
 - Prior, Current and Proposed OES Funding
 - Additional Signature Authorization
 - Computer and Automated Systems Purchase Justification Guidelines
 - WSIN Certification of Compliance
 - Emergency Fund Procedures
 - Noncompetitive Bid Request – Contracts for Services Checklist
 - Noncompetitive Bid Request – Contracts for Goods Checklist
 - Sample of Disbursement of Confidential Funds
 - Sample Receipt from Informer Payee Receipt
 - Map of California



**CRIMINAL JUSTICE PROGRAMS DIVISION
GOVERNOR'S OFFICE OF EMERGENCY SERVICES**

P.O. BOX 419047
RANCHO CORDOVA, CA 95741-9047
(916) 324-9100
FAX: 327-5674



PROPOSAL COVER SHEET

RFP PROCESS

**TYPE NAME OF RFP IN CAPS RFP
FISCAL YEAR**

Deliver to the TYPE NAME OF SECTION Section

Submitted by:

(Place name, address, and phone number of applicant here.)

GRANT AWARD FACE SHEET INSTRUCTIONS

1. **Administrative Agency**
Enter the complete name of the unit of government applying for funding (e.g., Alameda County, City of Fresno), also referred to as the “recipient.”
2. **Implementing Agency**
Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g., Sheriff, Police Department), and the contact person’s name, address, and phone number. Include an email address, if you have one.
3. **Project Title**
Enter the complete title of the project. Do not use acronyms. Do not exceed 60 characters, including spaces and punctuation.
4. **Project Director**
Enter the name, title, street/P.O. Box address, telephone number, and e-mail address of the individual ultimately responsible for the project. This information must be limited to six lines. **NOTE: If you use a P.O. Box address, a street address is also required for UPS and site visit purposes.**
5. **Financial Officer**
Enter the name, title, street/P.O. Box address, telephone number, and email address of the person who will be responsible for all fiscal matters relating to the project. This person must be someone other than the project director. The reimbursement check for this project will be mailed to the address shown for the financial officer. This information must be limited to six lines. **NOTE: If you use a P.O. Box address, a street address is also required for UPS and site visit purposes.**
6. **Award Number**
Leave blank (to be completed by OES).
7. **Grant Period**
Enter beginning and ending dates of funding as specified in the grant application instructions.
8. **Federal Amount**
If applicable, enter the amount of federal funds requested for the project. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
9. **State Amount**
If applicable, enter the amount of state funds requested for the project. If not applicable, enter N/A.
10. **Cash Match**
If applicable, enter the amount of cash match. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
11. **In-Kind Match**
If applicable, enter the amount of in-kind match. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
12. **Total Project Cost**
Enter the sum of items 8, 9, 10, and 11. The amount must be consistent with the proposed budget.
13. **Official Authorized to Sign for Applicant/Recipient**
Enter the signature, name, title, address, and telephone number of the official authorized to enter into the Grant Award Agreement for the city/county or community-based organization, as stated in the language between items 12 and 13 of the Grant Award Face Sheet (OES A301). **Provide an original signature of the authorized official in blue ink.**

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION**

GRANT AWARD FACE SHEET (OES A301)

The Governor's Office of Emergency Services, hereafter designated OES, hereby makes a grant award of funds to the following

Administrative Agency (1) _____

hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.

(2) Implementing Agency Name _____

Contact _____

Address _____

E-mail address _____

Telephone () _____

(3) Project Title (60 characters maximum) _____	(6) Award No. [FOR OES USE ONLY] _____
(4) Project Director (Name, Title, Street/P.O. Box, Telephone, E-mail – six lines maximum) _____ _____ _____ _____ _____	(7) Grant Period _____
	(8) Federal Amount _____
	(9) State Amount _____
(5) Financial Officer (Name, Title, Street/P.O. Box Address, Telephone, E-Mail – six lines maximum) _____ _____ _____ _____ _____	(10) Cash Match IF NO MATCH, TYPE "N/A." _____
	(11) In-Kind Match IF NO MATCH, TYPE "N/A." _____
	(12) Total Project Cost _____

This grant award consists of this title page, the application for the grant which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify that: (1) I am vested with authority to, and have the approval of the City/County Financial Officer, City Manager, or Governing Board Chair, enter into this grant award agreement; and (2) all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, the *Grant Recipient Handbook*, and the OES audit requirements, as stated in this RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in this RFP or RFA.

<p style="text-align: center;">[FOR OES USE ONLY]</p> <p>Item: _____</p> <p>Chapter: _____</p> <p>PCA No.: _____</p> <p>Components No.: _____</p> <p>Project No.: _____</p> <p>Amount: _____</p> <p>Split Fund: _____</p> <p>Split Encumber: _____</p> <p>Year: _____</p> <p>Fed. Cat. #: _____</p> <p>Match Requirement: _____</p> <p>Fund: _____</p> <p>Program: _____</p> <p>Region: _____</p>	<p>(13) Official Authorized to Sign for Applicant/Grant Recipient</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Street Address: _____</p> <p>City: _____ Zip: _____</p> <p>P.O. Box _____</p> <p>City _____ Zip: _____</p> <p>Telephone: () _____</p> <p>E-mail address: _____</p> <p>Date: _____</p> <hr/> <p style="text-align: center;">[FOR OES USE ONLY]</p> <p>I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.</p> <p>_____ OES Fiscal Officer Date</p> <p>_____ OES Executive Director Date</p>
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PREFERENCE POINTS CERTIFICATION

Use this format if one is not provided by the Lead agency.

DATE: **TYPE DATE**

TO: GOVERNOR'S OFFICE OF EMERGENCY SERVICES
 CRIMINAL JUSTICE PROGRAMS DIVISION

FROM: Community Contact
 Enterprise Zone Program

SUBJECT: PREFERENCE POINTS

(check only one box)

- ☐ (5%) The applicant named below has targeted this enterprise zone for grant-related activities.
- ☐ (2%) The applicant named below has not specifically targeted this enterprise zone for grant-related activities. However, the applicant provides needed services to residents of this community.

Applicant Name _____
Project Name _____
Address _____
Program Zone _____

I certify that I have reviewed the proposed project and that it meets the eligibility requirements for preference points as required by *California Government Code Section 7082*.

Print Name of Enterprise Zone Contact

Title

Signature of Enterprise Zone Contact

Date

Name of Enterprise Zone Agency

Address

()

Telephone Number

PROJECT NARRATIVE

GOES HERE

No standard forms are provided for the Project Narrative.

See Instructions in Part II of this RFP for details.

PROJECT BUDGET
BUDGET NARRATIVE
GOES HERE

No standard forms are provided for the Budget Narrative.

See Instructions in Part II of this RFP for details.

OES A303a

BUDGET CATEGORY AND LINE ITEM DETAIL	COST
B. Operating Expenses	
TOTAL	

OES A303b

[illegible]

OES A303c

PROPOSAL APPENDIX

GOES HERE

See Instructions in Part II of this RFP for details.

SAMPLE OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the (applicant agency) and the (agency) intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in (jurisdiction). Both agencies believe that implementation of the (program) proposal, as described herein, will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

The (applicant agency) project will closely coordinate the following services with the (agency) through:

- Project staff being readily available to (agency) for service provision through (describe arrangements with the agency);
- Regularly scheduled meetings (how often) between (persons/positions) to discuss strategies, timetables and implementation of mandated services.

* Specifically:

* List specific activities that will be undertaken between the two agencies or other specifics of the agreement.

We, the undersigned, as authorized representatives of (applicant agency) and (agency), do hereby approve this document.

For _____

For _____

Date _____

Date _____

CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, _____ hereby certify that
(official authorized to sign grant award; same person as line 13 on Grant Award Face Sheet)

RECEIPIENT: _____

IMPLEMENTING AGENCY: _____

PROJECT TITLE: _____

is responsible for reviewing the *Grant Recipient Handbook*¹ and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by OES including, but not limited to, the following areas:

I. Equal Employment Opportunity – (*Grant Recipient Handbook, Section 2151*)

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **OES-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Affirmative Action Officer: _____

Title: _____

Address: _____

Phone: _____

Email: _____

II. Drug-Free Workplace Act of 1990 – (*Grant Recipient Handbook, Section 2152*)

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug free workplace.

III. California Environmental Quality Act (CEQA) – (*Grant Recipient Handbook, Section 2153*)

The State of California requires all OES-funded projects to obtain written certification that the project is not impacting the environment negatively

¹The *Grant Recipient Handbook* can be obtained from www.oes.ca.gov by selecting “Plans and Publications, RFA/RFP *Grant Recipient Handbook*.”

IV. Lobbying – (*Grant Recipient Handbook, Section 2154*)

OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

V. Debarment and Suspension – (*Grant Recipient Handbook, Section 2155*)

(This applies to federally funded grants only.)

OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

VI. Proof of Authority from City Council/Governing Board

The above-named organization (applicant) accepts responsibility for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from OES shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand.

All appropriate documentation must be maintained on file by the project and available for OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the recipient may be ineligible for award of any future grants if the OES determines that any of the following has occurred: (1) the recipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION	
<p>I, the official named below, am the same individual authorized to sign the Grant Award Agreement [line 13 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.</p>	
Authorized Official's Signature:	_____
Authorized Official's Typed Name:	_____
Authorized Official's Title:	_____
Date Executed:	_____
Federal ID Number:	_____
Executed in the City/County of:	_____
AUTHORIZED BY:	
<ul style="list-style-type: none">• City/County Financial Officer• City Manager• Governing Board Chair	
Signature:	_____
Typed Name:	_____
Title:	_____

PROJECT SERVICE AREA INFORMATION

1. COUNTY OR COUNTIES SERVED: Enter the name(s) of the county or counties served by the project. Put an asterisk where the principal office of the project is located.

[Staff Note: Include items 2, 3 and 4 only if required by the federal funding source.]

2. U.S. CONGRESSIONAL DISTRICT(S): Enter the number(s) of the U.S. Congressional District(s) which the project serves. Put an asterisk for the district where the principal office of the project is located.
3. STATE ASSEMBLY DISTRICT(S): Enter the number(s) of the State Assembly District(s) which the project serves. Put an asterisk for the district where the principal office of the project is located.
4. STATE SENATE DISTRICT(S): Enter the number(s) of the State Senate District(s) which the project serves. Put an asterisk for the district where the principal office of the project is located.
5. POPULATION OF SERVICE AREA: Enter the total population of the service area served by the project.

PROJECT CONTACT INSTRUCTIONS

1. Provide the name, title, address, telephone number, and e-mail address for the **person** having **day-to-day responsibility** for the project.
2. Provide the name, title, address, telephone number, and e-mail address for the **person** to whom the person listed in **#1 is accountable**.
3. Provide the name, title, address, telephone number, and e-mail address for the **Executive Director** or **Chief Executive Officer** of the implementing agency.
4. Provide the name, title, address, telephone number, and e-mail address for the **Financial Officer** for the project.
5. Provide the name, title, address, telephone number, and e-mail address for the **Project Director** for the project.
6. Provide the name, title, address, telephone number, and e-mail address for the **Chair** of the **Governing Body** of the implementing agency.

PROJECT CONTACT INFORMATION

Applicant _____ Grant Number _____
[FOR OES USE ONLY]

Provide the name, title, address, telephone number, and e-mail address for the project contact persons named below. **If a section does not apply to your project, enter "N/A."** **NOTE: If you use a P.O. Box address, a street address is also required for UPS and site visit purposes.**

1. The **person** having **day-to-day responsibility** for the project:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

2. The **person** to whom the person listed in **#1 is accountable**:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

3. The **Executive Director** of a nonprofit organization or the **Chief Executive Officer** (e.g., chief of police, superintendent of schools) of the implementing agency:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

4. The **Financial Officer** for the project:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

5. The **Project Director** for the project:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

6. The **Chair** of the **governing body** of the implementing agency: *(Provide address and telephone number other than that of the implementing agency.)*

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. **Additional pages may not be added.** This is a summary of the project narrative.

1. **PROJECT YEAR:** If the project is new, check new. If the project is continuing, check the box of the proposed year of the project (i.e., Year 2) or insert the year of operation.
2. **PROJECT TITLE:** Enter the complete title. The title **MUST** describe the focus of the project. Acronyms are not acceptable. Do not exceed 60 characters, including space and punctuation.
3. **GRANT PERIOD:** Enter the beginning and ending dates of funding as specified in the grant application.
4. **APPLICANT:** Enter the name and complete address of the organization that is applying for the grant.
5. **FUNDS REQUESTED:** Enter the amount of grant funds requested. This must be the same amount used on the budget pages and on the proposal cover sheet.
6. **IMPLEMENTING AGENCY:** Enter the agency or organization designated on the Grant Award Face Sheet as the programmatic recipient of the grant funds who will accomplish the planned objectives and program goals.
7. **PROGRAM DESCRIPTION:** Provide a description of the specific area of service which OES is authorized to fund based upon state or federal legislation.
8. **PROBLEM STATEMENT:** Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.
9. **OBJECTIVES:** Include the quantifiable measurements which define a course of action in order to accomplish the program goals.

PROGRAM SPECIFIC CATEGORIES:

10. **ACTIVITIES:** Describe activities you will perform to accomplish each objective (quantify where possible).
11. **CATEGORY:** Check the appropriate category.
12. **PROGRAM AREA:** Check appropriate program area.
13. **EVALUATION:** Describe how project performance will be measured. Note who will conduct the evaluation (e.g., project staff, government personnel, or outside consultants).
14. **NUMBER OF CLIENTS TO BE SERVED:** Enter the number of clients.
15. **PROJECTED BUDGET:** List all noted budget items. Be specific in breakdown of grant funds and all other budget sources.
16. **RESPONSIBLE OFFICIAL:** The legally responsible official for the organization should sign and date this document. The official's name and title should be typed in the space provided.

PROJECT SUMMARY		
1. PROJECT YEAR <input type="checkbox"/> New <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Other:	2. PROJECT TITLE	3. GRANT PERIOD _____ to _____
3. APPLICANT Name: _____ Phone: () Address: _____ Fax #: () City: _____ Zip: _____		5. FUNDS REQUESTED \$ _____
6. IMPLEMENTING AGENCY Name: _____ Phone: () Fax #: () Address: _____ City: _____ Zip: _____		
7. PROGRAM DESCRIPTION 		
8. PROBLEM STATEMENT 		
9. OBJECTIVES 		

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10. ACTIVITIES	11. CATEGORY — — — —
13. EVALUATION	12. PROGRAM AREA — — — —
14. NUMBER OF CLIENTS TO BE SERVED	

15. PROJECTED BUDGET

	Personnel Services	Operating Expenses	Equipment	TOTAL
Funds Requested				
Other Grant Funds				
Other Sources (list in-kind, fees, etc.)				

16. NAME OF RESPONSIBLE OFFICIAL

Signature: _____ Date: _____
 Typed Name: _____
 Title: _____

Complete this form to report the total funds available to support the activities related to accomplishing the goals and objectives of the Grant Award Agreement. In the "Grant Funds" column, report the OES funds requested by category. In the "Other Funds" column, report all other funds available to support the project by category and then calculate the totals by category in the "Program Total" column. Total each column to arrive at the total program funds available.

OTHER FUNDING SOURCES			
BUDGET CATEGORY	GRANT FUNDS <i>(Use only the grant funds identified in the preceding budget pages.)</i>	OTHER FUNDS	PROGRAM TOTAL
Personal Services			
Operating Expenses			
Equipment			
TOTAL			

OES 653

This form does not become part of the grant award.

List all currently funded OES projects and all OES grants awarded to the applicant during the last five (5) fiscal years. Include the fiscal year of operation, the grant number and the amount of OES funding. For current and proposed grants that include positions funded by more than one OES grant, list these personnel by title and the percentage of the position funded by OES. The percentage of funding must not exceed 100 percent for any one individual.

Example				
FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	PERCENTAGE PAID BY OES
1993-94	CP93010001	\$50,000	Project Director	25%
1993-94	CR93020001	\$67,000	Project Director	25%
1993-94	DS93020001	\$68,000	Project Director	50%

PRIOR, CURRENT AND PROPOSED OES FUNDING				
FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	% OF OES FUNDING

ADDITIONAL SIGNATURE AUTHORIZATION INSTRUCTIONS

Applicant may request signature authority in addition to the designated Project Director and/or Financial Officer by completing an Additional Signature Authority form and submitting it with the Grant Award Forms package. Space is provided for the addition of up to five (5) additional authorizations for the Project Director or Financial Officer.

No single individual may be authorized to sign for both the Project Director and the Financial Officer. **By signing the bottom of this form, the Project Director and/or Financial Officer authorize the person(s) identified on the form to act on their behalf on all grant-related matters.**

ADDITIONAL SIGNATURE AUTHORIZATION

Grant Award #: _____

Applicant: _____

Project Title: _____

Grant Period: _____ to _____

The following persons are authorized to sign for:

Project Director:

Financial Officer:

Signature

Signature

Name

Name

Signature

Signature

Name

Name

Signature

Signature

Name

Name

Signature

Signature

Name

Name

Signature

Signature

Name

Name

Approved By:

Project Director: _____

Date: _____

Financial Officer: _____

Date: _____

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION**

**COMPUTERS AND AUTHOMATED SYSTEMS
PURCHASE JUSTIFICATION GUIDELINES**

As stated in the *Grant Recipient Handbook*, approval for purchases of computers and automated equipment is contingent on the project's ability to demonstrate cost effective, project-related need. This is best demonstrated by clearly relating each computer system or component to the grant objectives and activities.

- A. Please answer the following questions. Attach as many pages as necessary to fully answer each question.
1. What is your agency's purpose for the proposed system? Include a description of the items to be purchased and how they will be used. Also, explain how the proposed equipment and/or software will enhance the project's ability to achieve the objectives/activities of the project as specified in the Grant Award Agreement.
- B. If the request is for hardware and software in which the total costs exceed \$10,000, answer the following questions:
1. Describe the proposed design of your system and indicate whether this is a new system or an addition/enhancement of an existing one. In your description please be specific as to type and location of hardware/software and how the system will be operated and maintained.
 2. Will the proposed system design meet not only your current, but future needs? Describe in detail.
 3. Does the proposed system integrate with others within the agency? Explain both yes and no responses in detail.
 4. Do you plan on integrating this system with existing city, county, regional or statewide networks? Explain both yes or no responses in detail.
 5. For criminal justice agencies, does the proposed system meet the minimum requirements of the Statewide Integrated Narcotics System (SINS)? Contact OES for additional information regarding SINS requirements.
 6. Does the proposed system include intelligence data subject to *28 CFR Part 23* (2003)? Contact California Department of Justice at (916) 263-1182, Western States Information Network regarding these requirements and have them sign the certification of compliance.

WESTERN STATES INFORMATION NETWORK (WSIN)

CRIMINAL INTELLIGENCE SYSTEM CERTIFICATION OF COMPLIANCE

This is to certify that I, the Executive Director (*or designee*) for WSIN, have conferred with the applicant (*name of recipient*) _____ in the design and implementation of this computer system and that it is compatible with the personal computer specifications of the Statewide Integrated Narcotics System.

I further certify that this project is in compliance with the applicable standards for automated criminal intelligence systems as contained in *28 CFR Part 23* (2003).

Executive Director, WSIN

Date

Agency Implementing the System

Designated Contact Person
(Name) (Phone Number)

Project Location

(Applicable to certain federal funds only)

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION**

EMERGENCY FUND PROCEDURES

RECIPIENT NAME

GRANT NUMBER

In order for a project to develop an emergency fund with grant funds, certain criteria must be maintained. "Emergency" is defined as any immediate financial intervention in response to a victim's basic needs such as: temporary emergency shelter, food, transportation, clothing, and medical care including prescription medicine, eyeglasses, or dentures.

Because of the nature of the fund, it needs to be easily accessible. It is also necessary, however, that some safeguards and accountability of the fund be maintained. For effective management and audit purposes, the following procedures must be maintained:

1. The emergency fund and regular grant allocation must be kept separate, each with their own accounts.
2. Vouchers, receipts, and canceled checks must be maintained for audit purposes.
3. The authority to make payments from the emergency fund rests with the Chief Executive of the agency. Authority to draw on the emergency fund has been delegated by the Chief Executive to TYPE NAME. In order to be valid, checks must require a counter signature. OES will be notified in writing of any changes in responsibility within ten days of the change.
4. If an imprest cash fund is used, the name, address and signature of the recipient will be maintained, as well as the date, amount and reason for the request.
5. Grant funds will not be commingled with other emergency monies.
6. As checks are drawn against the fund, a copy will be sent to the person in charge of the project's accounting.
7. This fund will be used only in the absence of another community resource, and only in the case of an emergency.
8. Verification of the crime will be made with local law enforcement. A copy of the crime report or verification slip will be kept on file.
9. Payments will be limited to payment for goods or services. A credit system, in lieu of cash payment, will be explored with local merchants. Direct cash allotments will be limited to no more than \$TYPE \$AMOUNT per individual. Victims are not eligible to draw on the emergency fund for more than TYPE # crime incidents per year.
10. Records will reflect whether the emergency money is considered a loan and full or partial repayment is expected, or whether the money is an outright gift. Any repayments will be considered project income and must be used to reimburse the emergency fund.

NONCOMPETITIVE BID REQUEST CONTRACTS FOR SERVICES CHECKLIST

Has the applicant/recipient met the following requirements of the *Grant Recipient Handbook*:

Section 3511

Yes

No

Do conditions exist that require a sole/single-source contract?

☐
☐

Section 3521.1

Is a brief description of the program or project included?

☐
☐

Section 3521.2

Was it necessary to contract noncompetitively?

☐
☐

Did the contractor submit his/her qualifications?

☐
☐

Is the reasonableness of the cost justified?

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☐

Were cost comparisons made with differences noted for similar services?

☐
☐

Section 3521.3

Is an explanation provided for the uniqueness of the contract?

☐
☐

Section 3521.4

Are there time constraints impacting the project?

☐
☐

Is a justification provided regarding the need for contract?

☐
☐

Were comparisons made to identify the time required for another contractor to reach the same level of competence?

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NONCOMPETITIVE BID REQUEST CONTRACTS FOR GOODS CHECKLIST

Has the applicant/recipient met the following requirements of the *Grant Recipient Handbook*:

Section 3510

Yes

No

Do conditions exist that require a sole/single-source contract?

☐☐

Section 3521.1

Is a brief description of the program or project included?

☐☐

Section 3521.2

Was it necessary to contract noncompetitively?

☐☐

Did the contractor submit his/her qualifications?

☐☐

Is the reasonableness of the cost justified?

☐☐

Were cost comparisons made with differences noted for similar services?

☐☐

Is a justification provided regarding the need for contract?

☐☐

Section 3521.3

Is an explanation provided for the uniqueness of the contract?

☐☐

Section 3521.4

Are there time constraints impacting the project?

☐☐

Were comparisons made to identify the time required for another contractor to reach the same level of competence?

☐☐

**SAMPLE CERTIFICATION
DISBURSEMENT OF CONFIDENTIAL FUNDS**

This is to certify that I have read, understand, and agree to abide by all of the conditions for confidential expenditures as set forth in the OES guidelines.

Date

Project Director

**SAMPLE RECEIPT FROM
INFORMER PAYEE RECEIPT**

For and in consideration of the sale and delivery to the State, County or City of _____
of information or evidence identified as follows: _____
(numerical and word amount entered by payee)

I hereby acknowledge receipt of \$ _____

paid to me by the State, County, City of _____
_____ on _____
(date)

Payee: _____
(Signature)

Case Agent/Officer: _____
(Signature)

Witness: _____
(Signature)

Case or Reference: _____

OES 652

